## EMPLOYEE LEAVE REPORT

THIS REPORT:	<ol> <li>Is to be filed with the building principal the day the employee returns to duty.</li> <li>Must be filed whether or not a substitute was employed during the absence of the employee.</li> <li>Must be signed by the substitute (if applicable), employee, and building administrator.</li> <li>Must be filed with the administration office as soon as possible after the signatures are placed on the form.</li> </ol>					
	NOTE: Absence of employee and employment of a substitute will be reported in fractional amounts if less than a full day.					
SITE:	DISTRICT	ELEM	MS	HS	ADMIN	BUS BARN
<u> </u>						
	(Check appropriate box)					
Name of Employee			Name of Substitute			
Faculty:				Certified:		
Support:				Non-Certified:		
Bus Driver:						
TYPE OF LEAVE:	Sick	**Professional	Bereavement	*Personal Business/Emergency		Compensatory Time
Date of Absence	Number of period	ds and/or days	Number of periods		Professional – Pur	pose of leave
	**For profession:	al leave please indi	cate the purpose of	leave		
	Tor procession	ar rouve, prouse mur	-			
Employee Signature				Substitute Signatu	ire	
Date			-	Date		
Approved by:	Building Adminis	strator Signature			Date	

<sup>\*</sup>Personal Business/Emergency Leave – Two additional days are allowed, with the employee being docked the amount of a substitute, whether or not a substitute is employed, respective to the employee's position. These days are not cumulative. After these four days are used the employee will be docked his/her average daily wage as contracted.